10-02-00

A

| | · | |
|--|---|--|
| | | |

| Please type a plus sign (+) inside this box → +. | to respond | PTO/SB/05 (4/98) Approved for use through 09/30/2000. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE d to a collection of information unless it displays a valid OMB control number. | | | | | |
|--|---|--|--|--|--|--|--|
| UTILITY | Attorney Docket No. WELLO011 | | | | | | |
| PATENT APPLICATION | First Inventor or Application Identifier Banaugh et al. | | | | | | |
| | Title N | Method and Apparatus for Integrated Payments Processing | | | | | |
| TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) | Express | s Mail Label No. EL540886851US | | | | | |
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application content. | s. | Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC, 20231 | | | | | |
| Y * Fee Transmittal Form (e.g., PTO/SB/17) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 5. Microfiche Computer Program (Appendix) | | | | | |
| (Submit an original and a duplicate for fee processing) | ٦, | 6. Nucleotide and/or Amino Acid Sequence Submission | | | | | |
| 2. X Specification [Total Pages 45 (preferred arrangement set forth below) | _ ', | (if applicable, all necessary) | | | | | |
| Descriptive title of the Invention | | a. Computer Readable Copy | | | | | |
| Cross References to Related Applications Statement Regarding Fed sponsored R & D | | b. Paper Copy (identical to computer copy) | | | | | |
| - Reference to Microfiche Appendix | | c. Statement verifying identity of above copies | | | | | |
| Background of the Invention | ļ | ACCOMPANYING APPLICATION PARTS | | | | | |
| - Brief Summary of the Invention | | 7. X Assignment Papers (cover sheet & document(s)) | | | | | |
| Brief Description of the Drawings (if filed) Detailed Description | | 8. X 37 C.F.R.§3.73(b) Statement X Power of | | | | | |
| - Claim(s) | | (when there is all assignee) Attorney | | | | | |
| - Abstract of the Disclosure | | 9. English Translation Document (if applicable) | | | | | |
| 3. X Drawing(s) (35 U.S.C. 113) [Total Sheets 1 | \neg | 10. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations | | | | | |
| 4. Oath or Declaration [Total Pages 3 | $\vec{\exists}_1$ | 11. Preliminary Amendment | | | | | |
| a. X Newly executed (original or copy) | ۱ ′ | 12. X Return Receipt Postcard (MPEP 503) | | | | | |
| Copy from a prior application (37 C.E.B. 8 | 3 1 63(d)) | (Should be specifically iterffized) | | | | | |
| (for continuation/divisional with Box 16 complete | | Statement filed in prior application, Status still proper and desired | | | | | |
| i. DELETION OF INVENTOR(S) Signed statement attached deleti | na | (PTO/SB/09-12) Certified Copy of Priority Document(s) | | | | | |
| inventor(s) named in the prior appli | ication, | (if foreign priority is claimed) | | | | | |
| see 37 C.F.R. §§ 1.63(d)(2) and 1. *NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL | | 15. Other: | | | | | |
| FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), E | XCEPT | | | | | | |
| IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § | | ply the requisite information below and in a preliminary amendment: | | | | | |
| Continuation Divisional Continuation-in | | | | | | | |
| Prior application information: Examiner | | Group / Art Unit: | | | | | |
| For CONTINUATION or DIVISIONAL APPS only: The entire disc under Box 4b, is considered a part of the disclosure of the acc | losure of tompanying | the prior application, from which an oath or declaration is supplied ag continuation or divisional application and is hereby incorporated by | | | | | |
| reference. The incorporation can only be relied upon when a p | ortion has | s been inadvertently omitted from the submitted application parts. | | | | | |
| 17. CORRESP | ONDEN | ICE ADDRESS | | | | | |
| Customer Number or Bar Code Label 22862 | | or Correspondence address below | | | | | |
| | or Attach | h bar code label here) | | | | | |
| Name | | | | | | | |
| Name | | | | | | | |
| Address | | | | | | | |
| | | · | | | | | |
| City St. | ate | Zip Code | | | | | |
| Country Telephor | 16 | Fax | | | | | |
| Name (Print/Type) Michael A. Glenn | | Registration No. (Attorney/Agent) 30,176 | | | | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

10/31/2000

Date

Signature



PTO/SB/17 (6/99)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. FEE TRANSMITTA Complete if Known

| for FY 1999 Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statemen otherwise large entity fees must be paid. See Forms PTOISBI09-11. See 37 C.F.R. §§ 1.27 and 1.28. | | | | Unassigned Herewith | | | | | | |
|--|------------------------|------------------|---------------|------------------------|------------------|----------------------------|------------------------------|------------------------------|----------|--|
| | | | | | | | | | | |
| | | First Named Inve | | Inver | ntor | Banau | gh et al. | | | |
| | | ment, | | Unassigned | | | \neg | | | |
| | | Group / Art Unit | | Unassigned | | \neg | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1,6 | 614.00 | | | WELL0011 | | | | | | |
| (*) 1,0 * 1.00 | | | | | | | | | | $\stackrel{\textstyle \scriptstyle <}{}$ |
| METHOD OF PAYMENT (check or | | | | | | LCULA | TION (cor | ntinued) | | 4 |
| 1. X The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: | | ADDITI | | | S | | | | | |
| Deposit | | Fee | Fee Code | Fee | | Fee D | escription | 1 | Fee Paid | |
| Account 07-1445 Number | | 130 | 205 | | Surchar | rge - late fi | ling fee or oa | ath | | |
| Deposit | | 50 | 227 | | | | rovisional fili | ng fee or | | |
| Account Michael A. Glenn | | | | | cover si | | | | | |
| Charge Any Additional For Popular | | 130 | 139 | _ | | iglish speci | itication it for reexam | ination | | |
| Under 37 CFR §§ 1.16 and 1.17 | | | 147 2 112 | | | - | ation of SIR | | - | |
| 2. Payment Enclosed: Check Order Other | | . 340 | | | Examin | er action | | | | |
| | | 3 1,840* | 113 | 1,840° F | Reques Examin | sting public er action | ation of SIR | atter | | |
| FEE CALCULATION | 115 | 110 | 215 | 55 | | · | y within first | | | |
| 1. BASIC FILING FEE | 116 | 380 | 216 | 30 | | • | y within seco | | | |
| Large Entity Small Entity | 117 | | 217 4 | | | | y within third | | | ı |
| Fee Fee Fee Fee Description Code (\$) Code (\$) | ee Paid | | | _ | | • | y within four | | | ŀ |
| 101 760 201 380 Utility filing fee | 710.00 | 3 1,850 | | | | of Appeal | y within fifth | MORE | | |
| 106 310 206 155 Design filing fee | 119 | | 219 220 | , | | | pport of an a | ppeal | | il |
| 107 480 207 240 Plant filing fee 108 760 208 380 Reissue filing fee 114 150 214 75 Provisional filing fee | | 1 260 | 221 | , | - | st for oral h | | | | |
| | | | 138 1, | | Petition | to institute | a public us | e proceeding | | |
| | | 110 | 240 | 55 F | Petition | to revive | - unavoidabl | е | | |
| SUBTOTAL (1) (\$) 710.00 | | 1,210 | 241 6 | 605 F | Petition | to revive | - unintention | al | | |
| 2. EXTRA CLAIM FEES | | | 242 € | | - | sue fee (o | r reissue) | | | |
| Fee from Extra Claims below | Fee Paid 143 | | 243 | | • | issue fee sue fee | | | | |
| 20 | 864.00 144 0.00 122 | | 122 | -00 | | | ommissioner | | | |
| Independent 2 - 3** = 0 X 80 = Multiple Dependent | 123 | | 123 | | | | | applications | | |
| **or number previously paid, if greater; For Reissues | | | | , | | | • | applications closure Stmt | | |
| Large Entity Small Entity | | 1 40 | 581 | 40 | | | | | | |
| Fee Fee Fee Fee Fee Description Code (\$) Code (\$) | | | | 1 | | | atent assign umber of pro | | 40.00 | |
| 103 18 203 9 Claims in excess of 20 | 146 | 3 760 | 246 | | MAR ACI | D C 4 400/ | n after final i | rejection | | |
| 102 78 202 39 Independent claims in ex | 149 | 760 | 249 | | | rk § 1.129(ch addition | a)) al invention l | o be | | H |
| 104 260 204 130 Multiple dependent claim | | | | | examin | ed (37 CF | R § 1.129(b) |) | | |
| 109 78 209 39 ** Reissue independent claims over original patent O | | r fee (spe | ecify) _ | | | | | | | |
| 110 18 210 9 "Reissue claims in excess of 20 and over original patent | | r fee (sne | ecifyl | | | | | | | |
| | | . 100 (Spe | · · · · · · · | | | | | (3) (\$) 40 | 000 | |
| SUBTOTAL (2) (\$) 864 | .00 Red | duced by | Basic F | iling Fe | ee Paid | s | UBTOTAL | (3) (\$) 40 | 7.00 | |
| SUBMITTED BY Complete (if applicable) | | | | | | | 5 | | | |
| Name (Print/Type) Michael A. Glenn | | Registr | | | ,176 | | Telephone | 6501-474- | 8400 | |
| Wildrador A. Giorini | | (Attorne) | nAgent) | | , | | | | | \dashv |

1 Date 10/31/2000 Signature

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.